

RECEIVED  
SDNY PRO SE OFFICE

2022 OCT 28 PM 3:05  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Gabriel Lazaro Garcia-Hernandez

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**  
(Prisoner)

Federal Bureau of Prisons

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "*Bivens*" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Medical Negligence

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

|                |                |                         |
|----------------|----------------|-------------------------|
| <u>Gabriel</u> | <u>L</u>       | <u>Garcia-Hernandez</u> |
| First Name     | Middle Initial | Last Name               |

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

13158-059

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention Lewisburg PA

Institutional Address United States Penitentiary P.O.Box 1000

County, City Lewisburg State PA Zip Code 17837

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced prisoner
- ☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

|  |  |            |           |          |  |  |  |                      |  |  |              |       |          |
|--|--|------------|-----------|----------|--|--|--|----------------------|--|--|--------------|-------|----------|
| Defendant 1:   | <b>F.B.O.P.</b>  |            |           |          |  |  |  |                      |  |  |              |       |          |
|  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Shield #</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Current Job Title (or other identifying information)</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Current Work Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">County, City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> </table> | First Name | Last Name | Shield # | Current Job Title (or other identifying information) |  |  | Current Work Address |  |  | County, City | State | Zip Code |
| First Name   | Last Name  | Shield #   |           |          |  |  |  |                      |  |  |              |       |          |
| Current Job Title (or other identifying information) |  |            |           |          |  |  |  |                      |  |  |              |       |          |
| Current Work Address                                 |  |            |           |          |  |  |  |                      |  |  |              |       |          |
| County, City   | State  | Zip Code   |           |          |  |  |  |                      |  |  |              |       |          |
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| Current Job Title (or other identifying information) |  |            |           |          |  |  |  |                      |  |  |              |       |          |
| Current Work Address                                 |  |            |           |          |  |  |  |                      |  |  |              |       |          |
| County, City   | State  | Zip Code   |           |          |  |  |  |                      |  |  |              |       |          |
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| County, City   | State  | Zip Code   |           |          |  |  |  |                      |  |  |              |       |          |
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| Current Work Address                                 |  |            |           |          |  |  |  |                      |  |  |              |       |          |
| County, City   | State  | Zip Code   |           |          |  |  |  |                      |  |  |              |       |          |

## V. STATEMENT OF CLAIM

Place(s) of occurrence: Raybrook NY / Otisville NY

Date(s) of occurrence: Nov 2020 / Jan 18th 2021

### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

In November of 2020 in Raybrook NY had a slip and fall outside on some ice and messed up my knees.  
Was taken to the med center for an exam and x-ray. Found inflammation in knees. Was put into quarantine  
for transfer to Otisville NY. In Dec of 2020 arrived in Otisville and sent to cell 405 on the 4th floor. I  
complained to the guards because I can't go up all those steps and that I have a medical pass for 1st floor  
housing. I was denied and told that I have to go to cell 405 on the 4th floor. On 1/18/21 I fell coming down  
the stairs from the 4th floor to the 2nd floor, it hurt my right knee again along with my hip and head.  
4 guards picked me up and carried me to cell 401 on the 4th floor and no medical attention or treatment  
at that time. After 45 minutes the same guards took me down and moved me to cell 106. I stayed there  
for a month with no medical exams or treatment and was moved to HAX. I requested a copy of the video  
recordings of my fall for my records and was denied. After my fall I could no longer walk correctly and  
was in lots of pain. I was given a wheelchair for about 3 months then switched to a walker. While in HAX  
I was given a medical exam, x-rays were taken and was started on oral meds for pain. To this day I am  
still in constant pain, I lose my balance frequently because I can't walk right and can't get a good nights  
rest because of the pain. I was transferred to Lewisburg <sup>PA</sup> with the walker and the same medical problems.  
While at Lewisburg x-rays were taken again along with an MRI. The MRI scan shows a tear in my L5 S1  
disc and the doctor recommends surgery to correct the issue i'm having. To this day no further action has  
been done. I am still on the same oral treatments that was given with no success. On 8/2/22 I was seen  
by the orthopedic doctor and he still recommends surgery for treatment and to this day nothing has been  
done. I keep making requests for a surgery treatment and have gotten no response. It has been 21 months  
that i have been dealing with these same issues. I feel that I am being neglected and suffering because

of it. I have attached medical records that go along with this complaint.

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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

L4 - L5 disc protrusion with annular tear superimposed on a concentric disc, L5 - S1 disc protrusion with annular tear indenting the thecal sac, Severe lower back and hip pain. Put on oral steroids and needing surgery. Knee pain and was given a knee brace.

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**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

I am wanting to have the surgery done A.S.A.P. to correct my issues and \$8 million in compensation for pain and suffering.

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## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/21/2022  
 Dated \_\_\_\_\_  
Gabriel L  
 First Name Middle Initial Last  
United States Penitentiary P.O.Box 10  
 Prison Address  
Lewisburg PA  
 County, City State

Plaintiff Signature: [Signature]  
 Firma ↑  
 aqui

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

**Bureau of Prisons  
Health Services  
Clinical Encounter**

|   |                    |
|---|--------------------|
| Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #: 13158-059   |
| Date of Birth: 02/27/1960                     | Sex: M Race: WHITE |
| Encounter Date: 01/18/2021 08:00              | Facility: OTV      |
|   | Unit: D04          |

Injury Assessment - Non-work related encounter performed at Housing Unit.

**SUBJECTIVE:**

**INJURY 1**      **Provider:** Kabonick, M. EMT-P

**Date of Injury:** 01/18/2021 07:48      **Date Reported for Treatment:** 01/18/2021 07:53

**Work Related:** No      **Work Assignment:** SHU UNASSG

**Pain Location:** Hip-Right

**Pain Scale:** 7

**Pain Qualities:**

**Where Did Injury Happen (Be specific as to location):**

Delta unit. 2nd floor stairwell.

**Cause of Injury (Inmate's Statement of how injury occurred):**

I missed the step coming while walking down the stairs.

**Symptoms (as reported by inmate):**

Pain to neck and right hip.

**OBJECTIVE:**

**Pulse:**

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Location</u> | <u>Rhythm</u> | <u>Provider</u> |                    |
|-------------|-------------|------------------------|-----------------|---------------|-----------------|--------------------|
| 01/18/2021  | 07:55       | OTV                    | 80              | Via Machine   | Regular         | Kabonick, M. EMT-P |

**Respirations:**

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Provider</u>       |
|-------------|-------------|------------------------|-----------------------|
| 01/18/2021  | 07:55       | OTV                    | 16 Kabonick, M. EMT-P |

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain, Writhing in Pain, Pale, Diaphoretic, Acutely Ill

**Skin**

**General**

Yes: Within Normal Limits, Dry, Skin Intact, Warmth

**Color**

Yes: Within Normal Limits

**Head**

**General**

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

No: Trauma

*(NEVER HAVE X RAYS.)*

Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO

Reg #: 13158-059

Date of Birth: 02/27/1960

Sex: M Race: WHITE

Facility: OTV

Encounter Date: 01/18/2021 08:00

Provider: Kabonick, M. EMT-P

Unit: D04

**Eyes****General**

Yes: PERRLA

**Ears****External Ear**

Yes: Within Normal Limits

No: Trauma

**Nose****General**

Yes: Nares Patent

No: Deformity

**Face****General**

Yes: Symmetric

No: Trauma

**Lips****General**

Yes: Within Normal Limits

**Mouth****General**

Yes: Within Normal Limits

**Mucosa**

No: Trauma

**Neck****General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline, Full ROM

No: Trauma, Deformity

**Pulmonary****Observation/Inspection**

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Respiratory Distress

**Peripheral Vascular****Arms**

Yes: Radial Pulse Normal

**Abdomen****Inspection**

Yes: Within Normal Limits

No: Trauma

**Musculoskeletal****Gait**

Yes: Favoring Gait, Gait of Old Age R

**Hip**

Yes: Full Range of Motion

**Exam Comments**



|   |                              |                  |
|---|------------------------------|------------------|
| inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO |                              | Reg #: 13158-059 |
| Date of Birth: 02/27/1960                     | Sex: M Race: WHITE           | Facility: OTV    |
| Encounter Date: 01/18/2021 08:00              | Provider: Kabonick, M. EMT-P | Unit: D04        |

Awake, Alert, and Oriented to Person, Place, and Time. No ALOC prior to or after event. No trauma or injuries noted to the Head, Neck, Face, Eyes, Ears, Nose, Mouth, Chest, Back, Abdomen, Arms, Legs, or Hands. PEARRL. Skin is warm, dry, color is WNL. Lungs - speaking full sentences without difficulty or distress. Abdomen - unremarkable. Moves all extremities well, distal modalities intact.

**ASSESSMENT:**

Pain - Muscle

**PLAN:****Disposition:**

Follow-up at Sick Call as Needed  
 Return Immediately if Condition Worsens  
 Notify Medical Duty Officer  
 Notify PA Duty Officer

**Patient Education Topics:**

| <u>Date Initiated</u>   | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u>           |
|---|---------------|----------------------|-----------------|--------------------------|
| 01/18/2021  | Counseling    | Plan of Care         | Kabonick, M.    | Verbalizes Understanding |
| If continues to have discomfort. Report to medical.               |               |                      |                 |                          |
| 01/18/2021  | Counseling    | Pain Management      | Kabonick, M.    | Verbalizes Understanding |
| Continue to take pain management medication as directed for pain. |               |                      |                 |                          |

**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Linley, Alphonso MD**Telephone or Verbal order read back and verified.**

Completed by Kabonick, M. EMT-P on 01/18/2021 12:59

Requested to be cosigned by Linley, Alphonso MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

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|                 |                                  |           |                    |
|-----------------|----------------------------------|-----------|--------------------|
| Inmate Name:    | GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #:    | 13158-059          |
| Date of Birth:  | 02/27/1960                       | Sex:      | M                  |
| Encounter Date: | 01/18/2021 08:00                 | Provider: | Kabonick, M. EMT-P |
|                 |                                  | Race:     | WHITE              |
|                 |                                  | Facility: | OTV                |

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Cosigned by Linley, Alphonso MD on 01/19/2021 07:52.

(NO X-RAYS in this places. OTV)  
1/18/2021

**Bureau of Prisons  
Health Services  
Clinical Encounter**

|   |                                      |
|---|--------------------------------------|
| Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #: 13158-059                     |
| Date of Birth: 02/27/1960                     | Sex: M Race: WHITE Facility: OTV     |
| Encounter Date: 01/28/2021 11:05              | Provider: Stewart, Ann ANP Unit: D01 |

Mid Level Provider - Follow up Visit encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Stewart, Ann ANP

Chief Complaint: Muscle/Joint Ache

Subjective: IM fell on the steps in housing unit on 1-18-21. He reports he has been taking ibuprofen, APAP and duloxetine for other medical conditions and reports they are not helping him with pain reduction in his right hip. He describes a "shooting, pinching" pain that radiates from lateral side of right hip to knee. IM does ambulate with a cane and currently has a knee brace on each knee due to past medical history. He reports his pain is 8 out of 10 on the pain scale.

Pain: Not Applicable

COMPLAINT 2 Provider: Stewart, Ann ANP

Chief Complaint: HYPERTENSION

Subjective: IM has been noted to have several elevated BP's despite adhering to current hypertension medication regimen of amlodipine and chlorthalidone. He did show me the bottles in his locker and was adherent to medications in SHU. He states, "I have been having trouble with my BP for a long time." Denies blurred vision, dizziness, SOB, chest pain, N/V.

Pain: Not Applicable

**ROS:**

**General**

**Constitutional Symptoms**

No: Easily Tired, Fatigue, Fever

**Cardiovascular**

**General**

Yes: Hx Hypertension

**Pulmonary**

**Respiratory System**

Yes: Within Normal Limits

**Musculoskeletal**

**General**

Yes: Hip Pain, Hx of Falls (Frequency?: has fallen once at OTV), Joint pain, Low Back Pain

**Neurological**

**Sensory System**

Yes: Pain, Shooting Pain

**Psychiatric**

**General**

Yes: Within Normal Limits

**OBJECTIVE:**

**Pulse:**

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Location</u> | <u>Rhythm</u> | <u>Provider</u>  |
|-------------|-------------|------------------------|-----------------|---------------|------------------|
| 01/28/2021  | 11:05       | OTV                    | 83              |               | Stewart, Ann ANP |

|   |                                      |
|---|--------------------------------------|
| Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #: 13158-059                     |
| Date of Birth: 02/27/1960                     | Sex: M Race: WHITE Facility: OTV     |
| Encounter Date: 01/28/2021 11:05              | Provider: Stewart, Ann ANP Unit: D01 |

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Location</u> | <u>Rhythm</u> | <u>Provider</u> |
|-------------|-------------|------------------------|-----------------|---------------|-----------------|
|-------------|-------------|------------------------|-----------------|---------------|-----------------|

**Respirations:**

| <u>Date</u> | <u>Time</u> | <u>Rate Per Minute</u> | <u>Provider</u>  |
|-------------|-------------|------------------------|------------------|
| 01/28/2021  | 11:05 OTV   | 16                     | Stewart, Ann ANP |

**Blood Pressure:**

| <u>Date</u> | <u>Time</u> | <u>Value</u> | <u>Location</u> | <u>Position</u> | <u>Cuff Size</u> | <u>Provider</u>  |
|-------------|-------------|--------------|-----------------|-----------------|------------------|------------------|
| 01/28/2021  | 11:05 OTV   | 158/88       |                 |                 |                  | Stewart, Ann ANP |

**SaO2:**

| <u>Date</u> | <u>Time</u> | <u>Value(%)</u> | <u>Air</u> | <u>Provider</u>  |
|-------------|-------------|-----------------|------------|------------------|
| 01/28/2021  | 11:05 OTV   | 98              |            | Stewart, Ann ANP |

**Exam:****General****Appearance**

Yes: Alert and Oriented x 3

**Pulmonary****Observation/Inspection**

Yes: Within Normal Limits

**Auscultation**

Yes: Clear to Auscultation

**Cardiovascular****Observation**

Yes: Within Normal Limits

**Auscultation**

Yes: Regular Rate and Rhythm (RRR)

**Peripheral Vascular****Legs**

No: Pitting Edema, Non-pitting edema

**Musculoskeletal****Hip**

Yes: Inflammation R, Tenderness R, Decreased Range of Active Motion

No: Non-tender on Palpation R, Erythema R, Warm to Touch R

**Mental Health****Affect**

Yes: Within Normal Limits

**ROS Comments**

chronic knee and LBP

**ASSESSMENT:**Hypertension, Benign Essential, 401.1 - Current - 1/21-lisinopril  
12/2020 amlodipine/chlortalidone

Unsp symptoms and signs involving the musculoskeletal system, R2991 - Current - bilat hip pain

Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO

Reg #: 13158-059

Date of Birth: 02/27/1960

Sex: M Race: WHITE

Facility: OTV

Encounter Date: 02/10/2021 20:00

Provider: Santorella, L. NRP

Unit: D01

**Skin****General**

Yes: Within Normal Limits

**ASSESSMENT:****Pain-Knee**

Inmate seen at the request of his Nurse Practitioner after she received a cop-out from the inmate stating that he is in "severe pain". Inmate seen in housing unit due to COVID-19/quarantine precautions.

Upon assessment, inmate was slowly ambulatory to his door, appears to have discomfort while walking. Inmate was pleasant and cooperative, expressed his appreciation for being seen by medical staff. Inmate reports that his primary complaint is pain in both knees, and also in his right hip. Inmate noted to have reportedly fell on the steps in the housing unit several weeks ago, and also had fallen in the snow several months ago at his previous institution, after which he complained of hip pain. He is also prescribed duloxetine, and reports he takes all medications as prescribed (BEMR records also suggest appropriate compliance with prescribed medications).

Inmate was seen for pain since arriving at OTV. Inmate reports he finished his recently prescribed course of prednisone, noting that it was a taper and he took it as prescribed, but he does not feel it helped him. Inmate reports that sometimes he takes ibuprofen, and that DOES help somewhat, but it also hurts his stomach, so he only takes it when pain is most severe "like last night". Inmate is not able to identify anything else that he feels helps his pain.

Orders as noted below. Inmate referred to his assigned provider for follow-up.

Inmate instructed to return to health services if his condition worsens or if he has any urgent medical concerns.

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

**PLAN:****Discontinued Radiology Request Orders:**

| <u>Details</u>  | <u>Frequency</u> | <u>End Date</u> | <u>Due Date</u> | <u>Priority</u> |
|---|------------------|-----------------|-----------------|-----------------|
| General Radiology-Knee-General [Left]                             | One Time         |                 | 01/26/2021      | Routine         |
| Specific reason(s) for request (Complaints and findings):<br>pain |                  |                 |                 |                 |

**New Radiology Request Orders:**

| <u>Details</u>   | <u>Frequency</u> | <u>End Date</u> | <u>Due Date</u> | <u>Priority</u> |
|--|------------------|-----------------|-----------------|-----------------|
| General Radiology-Hip-General [Right]  | One Time         |                 | 02/19/2021      | Routine         |
| Specific reason(s) for request (Complaints and findings):<br>ongoing hip pain + recent fall on stairs (fall since last hip xray on file) |                  |                 |                 |                 |
| General Radiology-Knee-General [Bi]  | One Time         |                 | 02/19/2021      | Routine         |
| Specific reason(s) for request (Complaints and findings):<br>bilateral knee pain   |                  |                 |                 |                 |

**Schedule:**

| <u>Activity</u>                                    | <u>Date Scheduled</u> | <u>Scheduled Provider</u> |
|--|-----------------------|---------------------------|
| Follow-up  | 02/19/2021 00:00      | MLP 03                    |
| bilateral knee pain, right hip pain. xrays ordered |                       |                           |

ongoing HTN, but compliant with meds

**Disposition:**

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|   |                              |
|---|------------------------------|
| Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #: 13158-059             |
| Date of Birth: 02/27/1960                     | Sex: M Race: WHITE           |
| Facility: OTV                                 | Unit: D01                    |
| Encounter Date: 02/10/2021 20:00              | Provider: Santorella, L. NRP |

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To be Evaluated by Provider

**Patient Education Topics:**

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u>           |
|-----------------------|---------------|----------------------|-----------------|--------------------------|
| 02/11/2021            | Counseling    | Access to Care       | Santorella, L.  | Verbalizes Understanding |

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Santorella, L. NRP on 02/11/2021 00:26

Requested to be cosigned by Stewart, Ann ANP.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Linley, Alphonso MD.

Review documentation will be displayed on the following page.

**OTV-InmateToHealthSvcs - Re: \*\*\*Request to Staff\*\*\* GARCIA-HERNANDEZ, GABRIEL, Reg# 13158059, OTV-D-A**

**From:** OTV-InmateToHealthSvcs

**To:** ~^!GABRIEL LAZARO ~^!GARCIA-HERNANDEZ

**Subject:** Re: \*\*\*Request to Staff\*\*\* GARCIA-HERNANDEZ, GABRIEL, Reg# 13158059, OTV-D-A

You reported ibuprofen is helpful but upsets your stomach. You must order famotidine or omeprazole from commissary. This will aid in your stomach discomfort.

-A. Stewart, ANP-BC

>>> ~^!"GARCIA-HERNANDEZ, ~^!GABRIEL LAZARO" <13158059@inmatemessage.com> 2/11/2021 2:25 PM

>>>

To: doctor

Inmate Work Assignment: none

\*\*\*ATTENTION\*\*\*

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

17232bd8-9195-4333-9721-e2437dd6822d

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

\*\*\*Inmate Message Below\*\*\*

i/ am request one more time to you because my pain it hurt me to much and i/am cat' not slipen all nighth please help me wiht sometin they can take my pain out please thank you for you time.

**OTV-InmateToHealthSvcs - Re: \*\*\*Request to Staff\*\*\* GARCIA-HERNANDEZ, GABRIEL, Reg# 13158059, OTV-D-A**

**From:** OTV-InmateToHealthSvcs  
**To:** ~^!GABRIEL LAZARO ~^!GARCIA-HERNANDEZ  
**Subject:** Re: \*\*\*Request to Staff\*\*\* GARCIA-HERNANDEZ, GABRIEL, Reg# 13158059, OTV-D-A

You are on the schedule to see the doctor.  
 -A. Stewart, ANP-BC

>>> ~^!"GARCIA-HERNANDEZ, ~^!GABRIEL LAZARO" <13158059@inmatemessage.com> 2/14/2021 12:57 PM  
 >>>  
 To: doctor  
 Inmate Work Assignment: na

\*\*\*ATTENTION\*\*\*

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

f6ae1e5a-e03e-42ff-b259-ba7497b252e7

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

\*\*\*Inmate Message Below\*\*\*

i still have so much pain in my right side that i never had before.. in my hip and knee.. ive been having that pain since i feel down the stairs.. on Jan 18.2020.. ive requested to have and x-ray to find out if something is wrong.. because i cant sleep at night and im in pain all day long.. i need medical attention asap.. the pills dont work anymore and ive ran out so how do i get a refill



**Bureau of Prisons  
Health Services  
Clinical Encounter**

|   |                    |
|---|--------------------|
| Inmate Name: GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #: 13158-059   |
| Date of Birth: 02/27/1960                     | Sex: M Race: WHITE |
| Encounter Date: 03/08/2021 13:15              | Facility: HAZ      |
|   | Unit: E01          |

Chronic Care - Chronic Care Clinic encounter performed at Housing Unit.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Bird, Leigh PA-C

Chief Complaint: Chronic Care Clinic

Subjective: Chief Complaint: Chronic Care Clinic The pt. is being seen by the MLP for the 14 day evaluation, under the provision of a waiver approved by Central office.

**DIAGNOSIS:**

\*Hypertension, GERD, Asthma, Osteoarthritis

**Narrative:**

\* 61 y.o., male seen for 14 day evaluation. This pt. has no major concerns at this time. He denied any lightheadedness, SOB/DOE, fatigue or chest pain. Denied any SI/HI. Stable on medications and claims compliance to medications. States that he takes his Amlodipine in the AM, and his Chlorthalidone and Lisinopril in the PM. BP elevated today. Will order BP checks. Questionable compliance.

Claims he fell down unit steps "48 days ago" and has had pain in his Right hip and Right knee. In a wheelchair, from this fall. States that he has trouble ambulating. Has not had imaging completed, yet. Will order.

**PLAN OF CARE:**

ASCVD 20.0%

- Continue medications as prescribed. \*Add Lipitor 40 mg; Treat Vitamin D deficiency
- Labs reviewed - \* ordered routine labs (pending)
- Pertinent Studies reviewed
- EKG \* ordered
- X- Rays reviewed, 08/08/2019- CXR wnl; Order Right hip/Right knee X-ray
- Request the pt. be removed from in \* GI CCC- No indication/imaging to c/w Omeprazole. May purchase from Commissary.
- NMOS orders \* BP checks, FOB, EKG
- F/u at sick call as needed
- Return to CC in \* 1 year \* 6 month MLP follow up

**Pain:** Not Applicable

**Pain Assessment**

Date: 02/10/2021 20:00  
Location: Knee-bilateral  
Quality of Pain: Shooting  
Pain Scale: 7  
Intervention: evaluation

**Trauma Date/Year:**

Injury:

Mechanism:

Onset: 1 Month

Duration: 1 Month

Exacerbating Factors: walking

Relieving Factors: intermittent relief with nsoids



**USP Lewisburg LEW**

|                    |  |         |          |
|--------------------|--|---------|----------|
| Patient:           | <b>GARCIA-HERNANDEZ, GABRIEL (Male)</b>                        | DOB:    | 02/27/60 |
| Register#:         | <b>13158-059</b>   | Age:    | 62       |
| Date:              | <b>05/11/22 09:53</b>  | Status: | OP       |
| Slice count:       | 10   |         |          |
| History:           | chronic pain and hx of DJD                                     |         |          |
| Priors:            |  |         |          |
| Exams:             | FILM C SPINE, FILM T SPINE, FILM L SPINE, FILM BILATERAL KNEES |         |          |
| Referring Phy:     | PIGOS  |         |          |
| Ordering Phy:      |  |         |          |
| Ordering Phy #:    |  |         |          |
| Accession Numbers: | 1.2.840.113619.2.203.4.2147483647.1652265203.3979              |         |          |

**Final Report**

**Exam: FILM C SPINE**

**HISTORY:** Chronic pain and history of DJD

**TECHNIQUE:** 2 views of the cervical spine. The lateral view is suboptimal.

**COMPARISON:** None

**FINDINGS:** Normal bone mineralization. Normal alignment of cranial-cervical junction. Normal cervical spine alignment. No acute fracture or listhesis.

At least mild disc degeneration at C5-C6. Minimal disc degeneration at C4-C5.

The other cervical intervertebral disc spaces are normal in height.

Mild diffuse cervical facet arthropathy.

No prevertebral soft tissue swelling.

**IMPRESSION:**

1. Lateral view of the cervical spine is suboptimal. Consider repeating the cervical spine x-rays.
2. Normal alignment without acute fracture or listhesis.
3. Mild C5-C6 and minimal C4-C5 disc degeneration.
4. Mild diffuse cervical facet arthropathy.

**Exam: FILM T SPINE**

**HISTORY:** Chronic pain and history of DJD

**TECHNIQUE:** 2 views of the thoracic spine

**COMPARISON:** None

**FINDINGS:** Normal bone mineralization. Normal alignment. No acute fracture or listhesis. There is minimal chronic anterior wedging from T7 down to T11.

The thoracic intervertebral disc spaces are normal in height. Small osteophytes anteriorly in the upper half of the thoracic spine. Small osteophytes anteriorly at T7-T8, T8-T9, T9-T10 and T10-T11. Large bridging osteophytes at T10-T11.

Paraspinous soft tissues appear unremarkable.

**IMPRESSION:**

1. Normal thoracic spine alignment without acute fracture or listhesis.
2. Minimal chronic anterior wedging from T7 down to T11.
3. Multilevel minimal thoracic spine disc degeneration with normal disc height and small anterior osteophytes involving the upper half of the thoracic spine and T7-T8, T8-T9, T9-T10 and T10-T11. Mild T10-T11 disc degeneration with large bridging osteophytes.

**Exam:** FILM L SPINE

**HISTORY:** Chronic pain and history of DJD

**TECHNIQUE:** 2 views of the lumbar spine

**COMPARISON:** None

**FINDINGS:** Normal bone mineralization. Normal alignment. No acute fracture or listhesis.

There is mild disc degeneration at T11-T12.

The lumbar intervertebral discs are normal in height. Small osteophytes anteriorly from L2-L3 down to L5-S1.

Mild lumbar facet arthropathy at L4-L5 and L5-S1. Minimal facet arthropathy at L2-L3, L3-L4.

Mild-moderate atherosclerotic calcification of the distal abdominal aorta and common iliac arteries.

**IMPRESSION:**

1. Normal lumbar spine alignment without acute fracture or listhesis.
2. Mild lower thoracic spine disc degeneration at T11-T12.
3. Minimal lumbar spine disc degeneration from L2-L3 down to L5-S1.
4. Mild L4-L5, L5-S1 and minimal L2-L3, L3-L4 lumbar facet arthropathy.

**Exam:** FILM BILATERAL KNEES

**HISTORY:** Chronic pain and history of DJD

**TECHNIQUE:** 2 views of each knee

**COMPARISON:** None

**RIGHT KNEE FINDINGS:** Normal bone mineralization. No acute fracture, dislocation or malalignment.

The joint spaces are maintained. Small intercondylar spine osteophytes. Small patellar osteophytes.

No joint effusion.

Soft tissues appear unremarkable. Arterial calcifications within the posterior distal thigh and proximal lower leg.

9 mm quadriceps tendon enthesophyte.

**LEFT KNEE FINDINGS:** Normal bone mineralization. No acute fracture, dislocation or malalignment.

The joint spaces are maintained. Small intercondylar spine osteophytes. Small patellar osteophytes.

No joint effusion.

Soft tissues appear unremarkable. Arterial calcifications within the distal thigh and proximal lower leg.

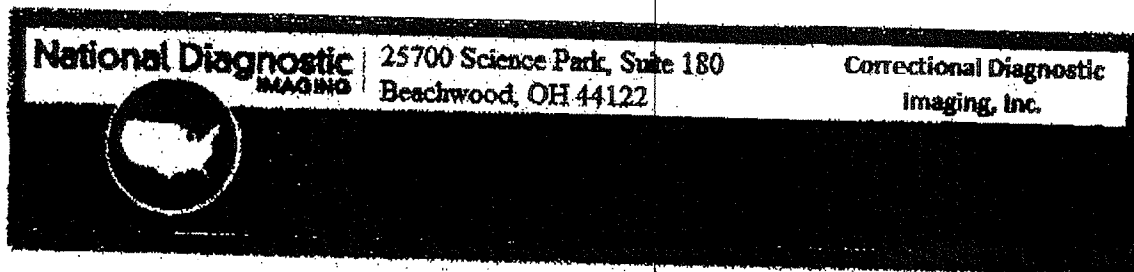
9 mm quadriceps tendon enthesophyte.

**IMPRESSION:**

1. Minimal tricompartment osteoarthritis bilaterally with maintained joint spaces.
2. Normal alignment of both knees without acute bony abnormalities or joint effusions.
3. 9 mm bilateral quadriceps tendon enthesophytes.
4. Arterial calcifications bilaterally.

Radiologist: Justin Yoon, MD

Study ready at 09:57 and initial results transmitted at 10:41



NAME: GABRIEL  
GARCIA-HERNANDEZ

PATIENT NUMBER: 13158-059

REF. PHYSICIAN:

STUDY DATE: 6/1/2022

DATE OF BIRTH: 1960-02-27

GENDER: M

EXAM: MRI L SPINE WOC

CLINICAL HISTORY: SEVERE BACK PAIN, RLE PAIN, HX FALL

EXAM: MR Lumbar Spine without Intravenous Contrast

USP Lewisburg

CLINICAL INDICATION: Severe back pain, right lower pain, history of fall

TECHNIQUE: Multiplanar multisequence magnetic resonance images of the lumbar spine was performed without intravenous contrast.

COMPARISON: None

**FINDINGS:**

Normal vertebral body height. Mild grade 1 anterolisthesis at L4-L5. No L4 or L5 pars defect. Mild discogenic endplate degenerative change at L4-L5 and L5-S1. Otherwise normal bone marrow signal. Conus medullaris and cauda equina are unremarkable. Minimal disc space loss and desiccation L4-L5 and L5-S1. Disc spaces are otherwise preserved. No endplate erosive or destructive change.

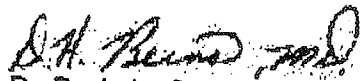
**DISCS LEVELS/SPINAL CANAL/NEURAL FORAMINA:**

L1-L2: No disc herniation. Mild concentric disc. No canal stenosis. No foraminal stenosis.  
L2-L3: No disc herniation. Mild concentric disc. No canal stenosis. Mild bilateral foraminal stenosis.  
L3-L4: No disc herniation. Mild concentric disc. No canal stenosis. Mild facet arthropathy. Mild bilateral foraminal stenosis.  
L4-L5: Prominent broad-based central disc protrusion with annular tear, superimposed on a concentric disc bulge. Moderate canal stenosis due to a combination of disc bulging, moderate to severe facet arthropathy, ligament flavum thickening. Moderate bilateral foraminal stenosis.  
L5-S1: Moderate broad-based central disc protrusion with annular tear, indenting the thecal sac. No canal stenosis. Mild facet arthropathy. Moderate bilateral foraminal stenosis.

Included paravertebral soft tissues are unremarkable.

**IMPRESSION:**

Disc protrusions at L4-5 and L5-S1.  
Canal stenosis at L4-L5.  
Multilevel degenerative changes.  
Mild grade 1 anterolisthesis at L4-L5.



Dr. Davindra Seelagan care of D. H. Berns, M.D.  
Medical Director of NDI

DB/DRDS

Electronically Signed by and Verified

Date Report Signed: 6/3/2022 1:14:30 PM

Patient Name: GABRIEL GARCIA-HERNANDEZ

Page: 2 Of 2

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

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|                |                                  |           |                       |
|----------------|----------------------------------|-----------|-----------------------|
| Inmate Name:   | GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #:    | 13158-059             |
| Date of Birth: | 02/27/1960                       | Sex:      | M Race: WHITE         |
| Note Date:     | 06/07/2022 14:32                 | Facility: | LEW                   |
|                |                                  | Provider: | Edinger, Andrew MD/CD |
|                |                                  | Unit:     | F01                   |

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Review Note - Consultation Report Review encounter performed at Health Services.

**Administrative Notes:**

ADMINISTRATIVE NOTE 1      Provider: Edinger, Andrew MD/CD

MRI findings noted. He has multilevel disease of his L-spine. He has follow up scheduled with the surgeon to review the findings and make recommendations.

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Edinger, Andrew MD/CD on 06/07/2022 14:33

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

|                |                                  |           |                       |
|----------------|----------------------------------|-----------|-----------------------|
| Inmate Name:   | GARCIA-HERNANDEZ, GABRIEL LAZARO | Reg #:    | 13158-059             |
| Date of Birth: | 02/27/1960                       | Sex:      | M                     |
| Note Date:     | 08/02/2022 14:06                 | Race:     | WHITE                 |
|                |                                  | Facility: | LEW                   |
|                |                                  | Unit:     | F01                   |
|                |                                  | Provider: | Edinger, Andrew MD/CD |

Admin Note - General Administrative Note encounter performed at Health Services.

**Administrative Notes:**

ADMINISTRATIVE NOTE 1      Provider: Edinger, Andrew MD/CD

Inmate was seen today in orthopedic surgery clinic. Dr. Lin reviewed his MRI findings and exam with him. He has multilevel disc disease with L4-5 spondylolisthesis and stenosis. He has recommended a trial of Epidural steroid injections to see if these will improve his status. Long term, he thinks that Inmate Garcia-Hernandez would benefit from a type of posterior, interbody fusion known as Globus Transition L4-S1. This appears to be a relatively new type of hardware insertion which does not cause total fusion, but rather stabilization with some degree of flexibility.

Per his recommendation, I am placing the initial request for a trial of Epidural steroid injections.

**New Consultation Requests:**

| <u>Consultation/Procedure</u> | <u>Target Date</u> | <u>Scheduled Target Date</u> | <u>Priority</u> | <u>Translator</u> | <u>Language</u> |
|-------------------------------|--------------------|------------------------------|-----------------|-------------------|-----------------|
| Orthopedic Surgery            | 11/30/2022         | 11/30/2022                   | Routine         | No                |                 |

Subtype:

Procedure - Outside

Reason for Request:

Inmate has L4-5 spondylolisthesis with lumbar spinal stenosis. This is confirmed on MRI. He was seen by the orthopedic spine surgeon who has recommended a trial of epidural steroid injections prior to consideration of multilevel, posterior, interbody stabilization surgery. (See Globus Transition surgery) This request is for the epidural steroid injections.

Provisional Diagnosis:

Lumbar spinal stenosis with L4-5 spondylolisthesis

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Edinger, Andrew MD/CD on 08/02/2022 14:19



8.2.22 Chronic LBP + radicular pain  
(on STAT Rdd) MRI 6.1.22 Degenerative spondylolisthesis L4-S1  
PE - Benign but use walker

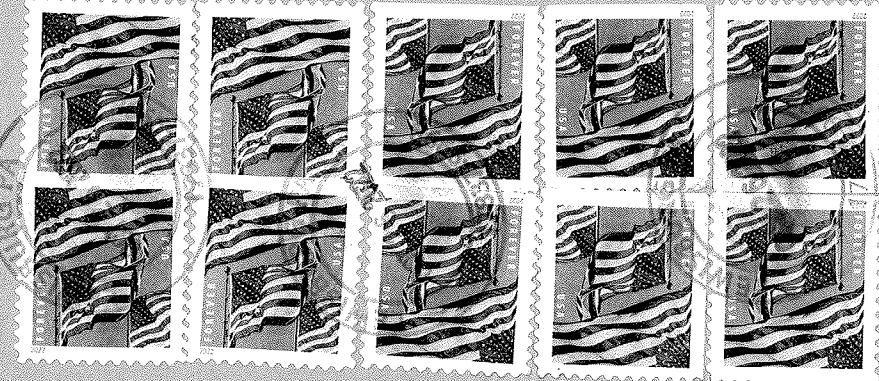
Requests Rx.

Start a trial of ES1.

Likely will need Globus Transition L4-S1  
L5



Inmate Name: GABRIEL GARCIA HERNANDEZ  
Register Number: # 13158-059  
United States Penitentiary  
P.O. Box 1000  
Lewisburg, PA 17837



10-26-22  
BD

SDNY PRO SE OFFICE  
2022 OCT 28 PM 3:03

U.S. MAIL  
NEW YORK, NY

PRO-SE-INTAKE UNIT

500-PEARL-STREET.  
NEW YORK NY 10007

LEGAL MAIL

